

CERTIFICATE OF MAILING

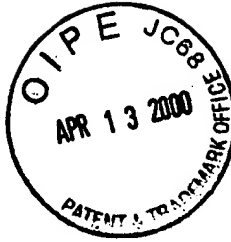
I hereby certify that this paper and every paper referred to therein as being enclosed is being deposited with the U.S. Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner of Patents & Trademarks, Washington, DC 20231,

on April 7, 2000 (Date of Deposit)

Date

Name

4-7-00 [Signature]



File No.: 1780/OF908

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael DELK and Augustus FELIX

Serial No.: 09/481,120

Group art Unit: 3764

Filed: January 11, 2000

Examiner: TBA

For: ELECTRICALLY POWERED SURGICAL IRRIGATOR

REQUEST FOR CORRECTED FILING RECEIPT

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Attn.: Application Processing Division
Customer Correction Branch

Sir:

A Filing Receipt (copy attached) for the above captioned application has been received by Applicant's attorney. Upon review of this document it was noticed that errors occurred in it. The Patent Office is respectfully requested to make the

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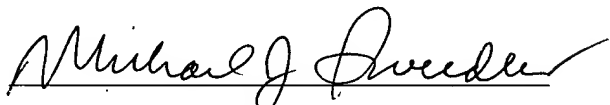
RECEIPT
#3

corrections indicated below and to issue a new and correct Filing Receipt.

In the Applicant(s) section, please correct the place of residence of the first inventor. "NORTH KIMGSTOWN" should be -NORTH KINGSTOWN-.

Respectfully submitted,

Dated: March 30, 2000



Michael J. Sweedler

Reg. No. 19,937

Attorney for Applicant(s)

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(D&DForms/PTO-23)

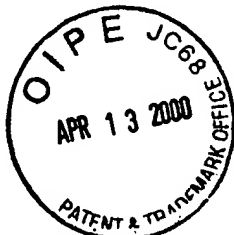
FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/481,120	01/11/00	3764	\$690.00	1780/OF908	6	13	3

DARBY & DARBY
805 THIRD AVENUE
NEW YORK NY 10022



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) MICHAEL DELK, NORTH ~~KINGSTOWN~~, RI; AUGUSTUS FELIX
CRANSTON, RI.

KINGSTOWN

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TITLE

ELECTRICALLY POWERED SURGICAL IRRIGATOR

PRELIMINARY CLASS: 504

Computer PC
D&D Entry PC
Looseleaf PC
Folder _____
Card _____
Letter _____
Foreign Filing _____

DATA ENTRY BY: BELL, DOROTHY

TEAM: 04 DATE: 02/17/00



(See reverse for new important information)

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Bib Data Sheet

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COMMERCE**

Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
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SERIAL NUMBER 09/481,120	FILING DATE 01/11/2000 RULE -	CLASS 604	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 1780/OF908
APPLICANTS MICHAEL DELK, NORTH KINGSTOWN, RI ; AUGUSTUS FELIX, CRANSTON, RI ;				
** CONTINUING DATA ***** <i>None ICS</i> *****				
** FOREIGN APPLICATIONS ***** <i>None ICS</i> *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/17/2000 **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY RI	SHEETS DRAWING 6	TOTAL CLAIMS 13
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Kevin C. Sidman</i> <i>ICS</i> Examiner's Signature Initials				
ADDRESS DARBY & DARBY 805 THIRD AVENUE NEW YORK ,NY 10022				
TITLE ELECTRICALLY POWERED SURGICAL IRRIGATOR				
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	